

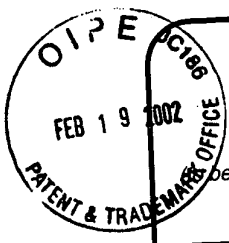
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# TRANSMITTAL FORM

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Applicati n Number	09/555,093
Filing Date	August 22, 2000
First Named Inventor	Napier
Group Art Unit	1868
Examiner Name	Elizabeth F. McElwain
Attorney Docket Number	000487.00001

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Total Number of Pages in This Submission

## ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
  - ☐ Fee Attached
- ☒ Amendment / Response
  - ☐ After Final
  - ☐ Affidavits/declaration(s)
- ☒ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/ Incomplete Application
  - ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Assignment Papers (for an Application)
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) \_\_\_\_\_

- ☐ After Allowance Communication to Group
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please identify below):  
**Disk with Sequence Listing and Notice to Comply with Requirements for Patent Application Containing Nucleotide Sequence**

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Lisa M. Hemmendinger, Reg. No. 42,653
Signature	<i>Lisa M. Hemmendinger</i>
Date	February 19, 2002

## CERTIFICATE OF MAILING

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**FEE TRANSMITTAL**  
**for FY 2002**

FEB 19 2002

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Complete if Known

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1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:			
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<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
2. Payment Enclosed:			
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<b>FEE CALCULATION</b>			
1. BASIC FILING FEE			
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
SUBTOTAL (1)		(\$)	
2. EXTRA CLAIM FEES			
Total Claims	-20 **	Extra Claims	X
Independent Claims	-3 **	Fee from below	X
Multiple Dependent		Fee Paid	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
103	18	203	9
102	84	202	42
104	280	204	140
109	84	209	42
110	18	210	9
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Lisa M. Hemmendinger	Registration No. Attorney/Agent	42,653
Signature	<i>Lisa M. Hemmendinger</i>	Telephone	202-508-9100
		Date	February 19, 2002

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